U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188

Expires 11-30-2006

///2004 Through: 12/31/2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name RONALD WARTMAN	Name LAKESE PLANDS REGIONAL COUNCIL OF CARPENTERS & JOINERS	
	Labor Organization File Number 528543	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 5465 CARMEL LANE	Street 700 OLIVE ST.	
City CARVER	city ST PAUL	
State MN/ ZIP Code + 4.553/5-964	47 State MN ZIP Code + 455/01 - 9873	
5. Position in labor organization. FIELO AGENT		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name	NA	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	

Signature

ZIP Code + 4

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of th
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Bould RW Certinou

Street

City

State

,	•	
Name of Person Filing RONALD WARTMAN) File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	C. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:	N/A	
P.O. Box, Bldg., Room No., if any		
Street M/A	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	N/A	
	12.b. Amount. 10/13	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:	12/4	
P.O. Box, Bldg., Room No., if any	N/A	
Street		
City		

14.b. Amount of payment.

NA

13.b. Is the Business an Employer

State

ZIP Code + 4